

CLAIMS ONLY.

Application Number

.. Filling Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8		3		3		
9		3		3		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		2		2		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		2		2		
29		1		1		
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	1		1			
Total Depend	35		35			
Total Claims	36		36			